

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

## FORM D

# NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D. SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL				
OMB Number:	3235-0076			
Expires:				
Estimated average	e burden			
hours per respons	e <u>. 16.00</u>			

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Name of Offering ( check if this is an amendment and name has changed, and indicate change.)  Class A and Class B Units in MarketPoint Direct, LLC  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6)  Type of Filing: New Filing Amendment  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer ( check if this is an amendment and name has changed, and indicate change.)  MarketPoint Direct, LLC  Address of Executive Offices (Number and Street, City, State, Zip Code)  Telephone, Number (Including Area Code)  225 Episcopal Rd., Berlin, CT 06037
Class A and Class B Units in MarketPoint Direct, LLC  Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) Received  A. BASIC IDENTIFICATION DATA  1. Enter the information requested about the issuer  Name of Issuer (check if this is an amendment and name has changed, and indicate change.)  MarketPoint Direct, LLC  Address of Executive Offices  (Number and Street, City, State, Zip Code)  Telephone, Number (Including Area Code)  225 Episcopal Rd., Berlin, CT 06037
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225 Episcopal Rd., Berlin, CT 06037
225 Episcopal Rd., Berlin, CT 06037
Address of Principal Business Operations (Number and Street, City, State, Zip Code) Telephone Number (Including Area Code)
(if different from Executive Offices)
- PENERA
True of Business Organization
P MAR 20 2002
Type of Business Organization
corporation   limited partnership, already formed   other (please specify):
Type of Business Organization    corporation
Month Year
Actual or Estimated Date of Incorporation or Organization: 0 2 0 7 Actual Estimated
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State:
CN for Canada; FN for other foreign jurisdiction)

### GENERAL INSTRUCTIONS

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

### ATTENTION -

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predictated on the filing of a federal notice.

	<u> </u>	A. BASIC IDI	ENTIFICA	TION DATA				
2. Enter the information rec	quested for the foll	owing:						
		uer has been organized w						
<ul> <li>Each beneficial own</li> </ul>	er having the powe	er to vote or dispose, or di	rect the vot	e or disposition o	f, 10%	or more of	`a clas	s of equity securities of the issue
• Each executive offi	cer and director of	corporate issuers and of	corporate	general and mana	aging p	artners of	partne	rship issuers; and
Each general and m	nanaging partner of	partnership issuers.						
Check Box(es) that Apply:	Promoter	■ Beneficial Owner	☐ Exc	ecutive Officer		Director		General and/or Managing Partner
Full Name (Last name first, if BP Direct Marketing Hold								
Business or Residence Addres 127 Public Square, Suite	ss (Number and		ode)			<u> </u>		
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Ex	ecutive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i Addressing Services Cor								
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
5 Deanne Lynn Circle, Wi	ndsor, CT 06095	<u> </u>						
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z Ex	ecutive Officer	<b>Z</b> 1	Director		General and/or Managing Partner
Full Name (Last name first, i James E. Kersten	f individual)						•	
Business or Residence Addre	ss (Number and	Street, City, State, Zip C	ode)					
1248 Hamilton Lane, Nap	erville, IL <u>60540</u>		. <u>.                                   </u>					
Check Box(es) that Apply:	Promoter	Beneficial Owner	<b>✓</b> Ex	ecutive Officer		Director		General and/or Managing Partner
Full Name (Last name first, i	if individual)							
David W. Bertram								<u> </u>
Business or Residence Addre 8013 Sawmill Creek, Da	,	Street, City, State, Zip C	Code)					
Check Box(es) that Apply:	Promoter	Beneficial Owner	<b>∠</b> Ex	secutive Officer	Ø	Director		General and/or Managing Partner
Full Name (Last name first, John LeMay	if individual)			<del>-</del> "		-	-	
Business or Residence Addre c/o Blue Point Capital Pa				leveland, OH 4	14114			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Z E	xecutive Officer		Director		General and/or Managing Partner
Full Name (Last name first, Shannon Smith	if individual)							
Business or Residence Addrec/o Blue Point Capital P	ess (Number and artners, LLC, 20	Street, City, State, Zip ( 1 South Tryon Square	Code) e, Suite 8	50, Charlotte, I	NC 28	202		
Check Box(es) that Apply:	Promoter	Beneficial Owner	E	xecutive Officer		Director		General and/or Managing Partner
Full Name (Last name first,	if individual)		-					
Business or Residence Addr	ess (Number and	1 Street, City, State, Zip (	Code)		<u>.</u> .	·		
	(The ble	ank sheet or conv and us	a addition	al conies of this s	sheet a	s necessar	v)	

	-			<u> </u>	B. IN	FORMATIC	ON ABOUT	OFFERIN	iG				
1.	1. Has the issuer sold, or does the issuer intend to sell, to non-accredited investors in this offering?								Yes	No <b>⊠</b>			
••	Answer also in Appendix, Column 2, if filing under ULOE.							0.00					
2.	2. What is the minimum investment that will be accepted from any individual?							\$_0.00 Yes	No.				
3.			ermit joint										<b>E</b>
4.	commiss If a perso or states a broker	sion or simi on to be list , list the na or dealer,	on requested lar remuner and is an assume of the brayou may se	ration for so ociated per roker or de et forth the	olicitation of rson or ager aler. If mo	of purchase: nt of a broke re than five	rs in conne er or dealei (5) person	ction with : registered s to be liste	sales of sec with the Sl ed are assoc	urities in th EC and/or v	ie offering. with a state		
Ful N/	,	Last name	first, if indi	vidual)									
Bu	siness or	Residence	Address (N	umber and	Street, Ci	ty, State, Z	ip Code)		-				
Na	me of Ass	sociated Br	oker or Dea	aler			<u>.</u>					<del></del>	
Sta			Listed Has						·-·				
	(Check	"All States	" or check	individual	States)			********	•••••		***************************************		States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ll Name (	Last name	first, if indi	ividual)									-, ·
Bu	isiness or	Residence	Address (1	Number an	d Street, C	City, State, 2	Zip Code)						
Na	ime of As	sociated B	roker or De	aler									
Sta			Listed Has								<u>-</u> .		
	(Check	"All State:	s" or check	individual	States)						,,,,	☐ Al	l States
	IL MT RI	AK IN NE SC	AZ IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	DC MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR
Fu	ıll Name (	Last name	first, if ind	ividual)		•			-· <u>-</u>				
Bı	usiness o	r Residence	e Address (	Number ar	nd Street, C	City, State,	Zip Code)		<u>.</u>				
N	ame of As	sociated B	roker or De	aler		<u> </u>					·		<del>.</del>
St	ates in W	hich Perso	n Listed Ha	s Solicited	or Intend	s to Solicit	Purchasers						
	(Check	"All State	s" or check	individua	l States)		***************************************					.   Al	1 States
	AL IL MT	AK IN NE SC	IA NV SD	AR KS NH TN	CA KY NJ TX	CO LA NM UT	ME NY VT	MD NC VA	MA ND WA	FL MI OH WV	GA MN OK WI	MS OR WY	MO PA PR

# C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

1.	Enter the aggregate offering price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero." If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged.		
	Type of Security	Aggregate Offering Price	Amount Already Sold
	Debt	S	\$
	Equity		
	Common Preferred		
	Convertible Securities (including warrants)	B	\$
	Partnership Interests	S	\$
	Other (Specific common and preferred limited liability company units	8,750,000.00	\$ 8,750,000.00
	Total	8,750,000.00	\$ 8,750,000.00
	Answer also in Appendix, Column 3, if filing under ULOE.		
2.	Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero."		Aggregate Dollar Amount of Purchases
	Accredited Investors	8	\$ 8,750,000.00
	Non-accredited Investors		\$
	Total (for filings under Rule 504 only)		\$
	Answer also in Appendix, Column 4, if filing under ULOE.		
3.	and the second s		
		Type of	Dollar Amount
	Type of Offering	Security	Sold
	Rule 505		\$
	Regulation A		\$
	Rule 504		\$
	Total		\$_0.00
4	a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the insurer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate.	•	
	Transfer Agent's Fees		\$
	Printing and Engraving Costs		\$ 0.00
	Legal Fees		\$_0.00
	Accounting Fees		\$_0.00
	Engineering Fees		
	Sales Commissions (specify finders' fees separately)		\$ <u>0.00</u>
	Other Expenses (identify)		\$_0.00
	Total		\$ 0.00

	C. OFFERING PRICE, NUMBER OF INVESTORS, EXPE	NSES AND USE OF PROCEEDS	
	b. Enter the difference between the aggregate offering price given in response to and total expenses furnished in response to Part C — Question 4.a. This difference proceeds to the issuer."	is the "adjusted gross	\$_8,750,000.00 \$_
5.	Indicate below the amount of the adjusted gross proceed to the issuer used or proceed of the purposes shown. If the amount for any purpose is not known, furnished the box to the left of the estimate. The total of the payments listed must equiproceeds to the issuer set forth in response to Part C — Question 4.b above.	nish an estimate and	
		Payments to Officers, Directors, & Affiliates	Payments to Others
	Salaries and fees		_ 🗆 \$
	Purchase of real estate		
	Purchase, rental or leasing and installation of machinery and equipment	· <del></del>	<del></del>
	Construction or leasing of plant buildings and facilities		
	Acquisition of other businesses (including the value of securities involved in to offering that may be used in exchange for the assets or securities of another issuer pursuant to a merger)		
	Repayment of indebtedness		
	Working capital	<del></del>	_
	Other (specify):		
		[] <b>\$</b>	_ 🗆 \$
	Column Totals	<u>\$ 0.00</u>	\$ 8,750,000.0
	Total Payments Listed (column totals added)	<u></u>	,750,000.00
	D. FEDERAL SIGNATU	JRE	
sign	e issuer has duly caused this notice to be signed by the undersigned duly authorized nature constitutes an undertaking by the issuer to furnish to the U.S. Securities an information furnished by the issuer to any non-accredited investor pursuant to	d Exchange Commission, upon writte	ale 505, the following en request of its staff,
lssı	uer (Print or Type) Signature	Date	
		Section 3/15/	100
	me of Signer (Print or Type)  Title of Signer (Print or Ty		
	nes E. Kersten Chief Executive Officer	f = /	

- ATTENTION -

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)